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FOR OFFICE USE ONLY
Date Received and Postmark Date

FORM C-6 (Revised 06/03) **POLITICAL COMMITTEE FINANCE REPORT**

ORIGINAL FILING

AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

FULL REGISTERED NAME OF COMMITTEE

COMPLETE MAILING ADDRESS
(Include City, State, Zip Code)

REPORTING PERIOD

From

To

Initial Report

Periodic Report

Closing Report

No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

- CASH IN BANK** – Balance from previous report..... \$
- RECEIPTS** – Total received and deposited this period from Schedule A..... \$
- CORRECTIONS** – Addition or subtraction from Schedule D..... (Circle: + or --) -- \$
- Subtotal** \$
- EXPENDITURES** – Total paid out this period from Schedule B..... -- \$
- CASH IN BANK** – Ending balance this report..... \$

CERTIFICATION

I, _____, _____, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

NOTE: Report **MUST BE SIGNED** by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

SCHEDULE A. Receipts – This Reporting Period			In-Kind		Cash or Check	Total to Date
			Description	Value	Amount	Amount
1. Contributions Less Than \$35 Each (Total)						
2. Loans	Occupation & Employer	Loan Date				
Creditor's full name / complete Mailing address <i>REQUIRED</i>	<i>REQUIRED</i>	<i>Required</i>				
_____ Name	_____ Occupation					
_____ Address	_____ Employer					
_____ City, State, Zip Code						
_____ Name	_____ Occupation					
_____ Address	_____ Employer					
_____ City, State, Zip Code						
_____ Name	_____ Occupation					
_____ Address	_____ Employer					
_____ City, State, Zip Code						
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Date				
		<i>Required</i>				
TOTAL RECEIPTS THIS PAGE						

SCHEDULE A. Receipts – This Reporting Period (continued)		In-Kind Description Value		Cash or Check Amount	Total to Date Amount
4. Political Action Committee Contributions Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	Date Received <u>Required</u>				
_____ Registered Name _____ Address _____ City, State, Zip Code					
_____ Registered Name _____ Address _____ City, State, Zip Code					
_____ Registered Name _____ Address _____ City, State, Zip Code					
_____ Registered Name _____ Address _____ City, State, Zip Code					
_____ Registered Name _____ Address _____ City, State, Zip Code					
TOTAL RECEIPTS THIS PAGE					

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SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	Description	In-Kind Value	Cash or Check Amount	Total to Date Amount
5. Political Party Committee Contributions Full name and complete mailing address <i>REQUIRED</i>	Date <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
6. Incidental Committee Contributions Full name and complete mailing address <i>REQUIRED</i>	Date <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____					
7. Other Political Committee Contributions Full name and complete mailing address <i>REQUIRED</i>	Date <i>Required</i>				
Name _____ Address _____ City, State, Zip Code _____					
TOTAL RECEIPTS THIS PAGE					

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)					
8. Individual Contributors of \$35 or More <u>REQUIRED:</u> ONE NAME ONLY FOR EACH CONTRIBUTION <u>REQUIRED:</u> Full name, complete mailing address, occupation & employer		In-Kind Description Value		Cash or Check Amount	Total to Date Amount
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____				
Name _____ Address _____ City, State, Zip Code _____	Occupation _____ Employer _____				
TOTAL RECEIPTS THIS PAGE					
TOTAL RECEIPTS THIS REPORTING PERIOD <u>Include ALL of Schedule A (Sections 1 – 8) in this total</u>					

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)				
2. All Other Expenditures Full name and complete mailing address of each payee <u>REQUIRED</u>				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
Name _____ Address _____ City, State, Zip Code _____				
<div style="border: 1px solid black; padding: 5px; display: inline-block;">TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</div>				
<div style="border: 1px solid black; padding: 5px; display: inline-block;">TOTAL EXPENDITURES THIS REPORTING PERIOD Include all of Schedule B (Sections 1 & 2) in this total</div>				

SCHEDULE C. Debts and Loans Not Yet Paid				
Full name and complete mailing address of each creditor <u>REQUIRED</u>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
_____ Name _____ Address _____ City, State, Zip Code				
_____ Name _____ Address _____ City, State, Zip Code				
_____ Name _____ Address _____ City, State, Zip Code				

SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report</u> .			
Originally Reported on DATE SCHEDULE		As Originally Reported	Explain Correction